

**Application Data Sheet****Application Information**

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R:	None
Title::	RIDE CONTROL CONSTANT CONTACT SIDE BEARING ARRANGEMENT
Attorney Docket Number::	114559
Suggested Drawing Figure::	1-18
Total Drawing Sheets::	12
Small Entity::	No

**Applicant Information**

Applicant Authority type::	Inventor
Primary Citizenship Country::	U.S.
Status::	Full Capacity
Given Name::	Ralph
Middle Name::	H.
Family Name::	SCHORR
Name Suffix::	
City of Residence::	Edwardsville
State or Province of Residence::	Illinois
Country of Residence::	USA

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Applicant Authority type::	Inventor
Primary Citizenship Country::	U.S.
Status::	Full Capacity
Given Name::	Dan
Middle Name::	
Family Name::	SCHNIERS
Name Suffix::	

City of Residence:: Damiansville  
State or Province of Residence:: Illinois  
Country of Residence:: USA

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Applicant Authority type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

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Applicant Authority type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

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Applicant Authority type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

### Correspondence Information

Correspondence Customer Number:: 25944

<b>Domestic Priority Information</b>			
Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application is a	Non- Provisional of	60/457,311	3/26/03
This Application is a	Continuation of		MM / DD / YY
<b>Foreign Priority Information</b>			
Country::	Application Number::	Filing Date::	Priority Claimed::
		MM / DD / YY	Yes
Country::	Application Number::	Filing Date::	Priority Claimed::
		MM / DD / YY	Yes
Country::	Application Number::	Filing Date::	Priority Claimed::
		MM / DD / YY	Yes
<b>Assignee Information</b>			
Assignee Name::		ASF-KEYSTONE, INC.	
Street of mailing address::		1700 Walnut Street	
City of mailing address::		Granite City	
State or Province of mailing address::		Illinois	
Country of mailing address::		USA	
Postal or Zip Code of mailing address::		62040	